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Approved for use through 9/30/00

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE PTO/SB/01 Attorney Docket Number 4191-00318 (8/96)First Named Inventor Michael J. Connor DECLARATION COMPLETE IF KNOWN Declaration OR Declaration Application Number Submitted with □ Submitted after Filing Date Initial Filing Initial Filing Group Art Unit **Examiner Name** As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: FILTER WITH SUPPORT COLUMNS (Title of the Invention) the specification of which ☑ is attached hereto OR □ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Foreign Filing Date **Priority Not** Copy Attached? Country (MM/DD/YYYY) Application Number(s) Claimed YES NO ☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto: I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Application Number(s) Additional provisional □ Application numbers are listed on a supplemental priority sheet attached hereto.

| DECLARATION   |  |  |  |                                      |   |   |  |   |  |  |  |
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| international ap<br>the claims of the<br>provided by the<br>material to pate  | plication de<br>his applica<br>first paragi<br>ntability as    | esignated the Uni<br>tion is not disclo<br>raph of Title 35, L | ted States<br>sed in the<br>Inited Stat<br>7, Code o | of Ame<br>prior les Code<br>f Federa | rica, listed b<br>Jnited State<br>§112. I acl<br>I Regulation | pelow and,<br>s of PCT<br>knowledge<br>is §1.56 w | insofar as<br>Internation<br>the duty to<br>hich becam | the subject<br>al applica<br>disclose i | §365© of any PCT at matter of each of tion in the manner information which is between the filing |  |  |
| U.S. Parent Ap  | plication  | PCT Parent N   |  | Pai                                  | rent Filing D   | ate   |  | rent Pater                              |  |  |  |
| Numbe   | r  |  |  | (N                                   | M/DD/YYY  | Y)  |  | (if applic                              | able)  |  |  |
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| ☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.   |  |  |  |                                      |   |   |  |   |  |  |  |
| As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  |  |  |  |                                      |   |   |  |   |  |  |  |
| Name  | ne i aterit e  | Registrati   |  | cted the                             | Name  |   |  | Registra                                | ation  |  |  |
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| Daniel D. Fetter<br>George H. Solve   |  | 20,323<br>25,927   |  |                                      | D. Kuborn   | İ   |  | 40,68                                   |  |  |  |
| Gary A. Essmar  |  | 29,376   |  |                                      | S. Sokol<br>L. Falk   |   |  | 35,68<br>27,70                          |  |  |  |
| Thomas M. Woz   | zny  | 28,922   |  |                                      |   | -   |  | _,,,,                                   |  |  |  |
| Michael E. Take   |  | 28,120   |  |                                      |   |   |  |   |  |  |  |
| Joseph J. Jochn   |  | 25,058<br>nd/or agent(s) na                                    |  | sunnlem                              | ental sheet   | attached h  | ereto  |   |  |  |  |
| Please direct a   |  |  | incu on a  | supplem                              | CITIZII SILICOLI  | attached n  | ereto.   |   | <del>-</del>   |  |  |
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|   | Suite 110  |  |  |                                      |   |   |  |   |  |  |  |
| CITY  | Milwauke   | e  |  | STATE                                |   |   |  | CODE                                    | 53202-4178   |  |  |
| COUNTRY   | U.S.A.   | tomonto mode b   |  | PHONE                                |   | 71-7590   | FAX  |   | 4) 271-5770  |  |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor |  |  |  |                                      |   |   |  |   |  |  |  |
| Given   | Given Name (first and middle [if any])  Family Name or Surname |  |  |                                      |   |   |  |   |  |  |  |
| Michael J. Connor   |  |  |  |                                      |   |   |  |   |  |  |  |
| Inventor's<br>Signature   | Milies   | had I Co   | m7   |                                      |   | Date  | -  | 7-72-                                   | 7007   |  |  |
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| RESIDENCE: C  | City Stou  | ughton   | State  | WI                                   | Country   | USA   | Citiz  | enship                                  | USA  |  |  |
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City Findlay

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|                   |         |                    | DECLA               |                                 |                      |      | ADDITIONAL INVENTOR(S) Supplemental Sheet |      |                            |           |        |              |                |       |  |
| Nam               | f A     | <b>Iditional</b> J | int In<br>(first an | vent r, if and did middle [if a | ı <b>y:</b><br>any]) |      | A petitio                                 |      | as been file<br>amily Nam  |           |        |              | d inventor     |       |  |
| Rebec             | ca      |                    |                     | -                               |                      |      | Beier                                     |      |                            |           |        |              | -              |       |  |
| Invento<br>Signat |         | like               | nca                 | bein                            |                      | 1    |   |      | Date                       |           | 7      | 124          | 1/03           |       |  |
| RESID             | ENC     | E: City            | Milwa               | ukee                            | State                | WI   | Countr                                    | у    | USA                        |           | Citiz  | zensł        | nip USA        |       |  |
| POST              | OFFI    | CE ADDR            | ESS                 | 8800 West                       | Olive Str            | reet | -   |      | 7.112                      |           |        |              |                |       |  |
| City              | Milw    | aukee              |                     | ···                             | State                | WI   | Zip                                       |      | 53222                      | Countr    | y      | USA          |                |       |  |
| Name              | of A    | dditional J        | oint In             | ventor, if an                   | y:                   |      | A petitio                                 |      | as been file               |           |        |              | d inventor     |       |  |
| <del> </del>      | Gi\<br> | en Name            | (first an           | d middle [if a                  | any])                |      |   | F    | amily Name                 | e or Surr | name   | <del></del>  |                |       |  |
| Jessie            |         |                    |                     |                                 |                      |      | Knight                                    |      |                            |           |        |              |                |       |  |
| Invente<br>Signat |         |                    | ,                   |                                 | -T                   | 1    |   |      | ate                        |           | _      |              |                |       |  |
| RESID             | ENC     | E: City            | Stoug               | hton                            | State                | WI   | Country                                   | U    | JSA                        | Citizer   | nship  | )            | USA            |       |  |
| POST              | OFFI    | CE ADDR            | ESS                 | 1711 West                       | South St             | reet |   |      |                            |           |        |              |                |       |  |
| City              | Stou    | ghton              |                     |                                 | State                | WI   | Zip                                       | 535  | 589                        | Country   | y      | USA          |                |       |  |
|                   |         |                    |                     |                                 |                      |      |   |      |                            |           |        |              |                |       |  |
| Nam               |         |                    |                     | ventor, if and middle [if a     |                      |      | A petitio                                 |      | as been file<br>amily Name |           |        |              | dinventor      |       |  |
|                   |         | - Tranic           | (mat an             |                                 |                      |      |   |      |                            |           | lallic |              |                |       |  |
| Michae            |         |                    |                     |                                 |                      | _    | Yost                                      |      |                            |           |        |              |                |       |  |
| Invento<br>Signat |         |                    | <del> </del>        |                                 | <del></del>          |      |   | C    | ate                        | <u> </u>  |        |              |                |       |  |
| RESID             | ENC     | E: City            | Tiffin              |                                 | State                | ОН   | Country                                   | U    | JS <u>A</u>                | Citizer   | nship  | )            | USA            |       |  |
| POST              | OFFI    | CE ADDR            | ESS                 | 3206 S Co                       | unty Road            | d 7  |   |      |                            |           | -      |              |                |       |  |
| City              | Tiffin  | <u> </u>           |                     |                                 | State                | ОН   | Zip                                       | 448  | 383                        | Country   | y      | USA          | ı              |       |  |
|                   |         |                    |                     |                                 |                      |      |   |      |                            |           |        |              |                |       |  |
| Name              | of A    | lditional J        | oint In             | ventor, if an                   | y:                   |      | A petitio                                 |      | as been file               |           |        |              | dinventor      |       |  |
|                   | G۱۱     | en Name            | (first an           | d middle [if a                  | anyj)                |      |   | F    | amily Name                 | e or Surr | name   | <del>-</del> |                |       |  |
| Edwin             |         |                    |                     |                                 |                      |      | Castel                                    | lano | s                          |           |        |              |                |       |  |
| Invento<br>Signat |         |                    | ,                   |                                 | ***                  |      |   |      | ate                        |           |        |              |                |       |  |
| RESID             | ENC     | E: City            | Findla              | у                               | State                | ОН   | Country                                   | U    | JSA                        | Citizer   | nship  |              | USA            |       |  |

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| DECL   | _               | Supplemental Sheet |          |                        |                |   |                 |          |                |        |  |  |
|--|-----------------|--------------------|----------|------------------------|----------------|---|-----------------|----------|----------------|--------|--|--|
| Name of Additional Joint Inventor, if any:  □ A petition has been filed for this unsigned inventor |                 |                    |          |                        |                |   |                 |          |                |        |  |  |
| Given Name (first an   |                 |                    | 1 A penn | Family Name or Surname |                |   |                 |          |                |        |  |  |
| Rebecca  |                 |                    | Beier    | Beier                  |                |   |                 |          |                |        |  |  |
| Inventor's<br>Signature  |                 |                    |          |                        | Date           |   |                 |          |                |        |  |  |
| RESIDENCE: City Madi   | son             | State              | wı       | Count                  |                | USA   |                 | USA      |                |        |  |  |
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| Name of Additional Joint In<br>Given Name (first an  |                 |                    |          | A petition             | n ha           | s been filed                                  | for this o      | unsigne  | d inve         | entor  |  |  |
| Given Name (first and middle [if any])  Family Name or Surname                                     |                 |                    |          |                        |                |   |                 |          |                |        |  |  |
| Jessie Alan Knight   |                 |                    |          |                        |                |   |                 |          |                |        |  |  |
| Signature Justin Curicus Date 7-22-0   |                 |                    |          |                        |                |   |                 |          | 20             |        |  |  |
| RESIDENCE: City Stoug  | hton            | State              | wı       | Country                | ار             | JSA   | Citizenship USA |          |                |        |  |  |
| POST OFFICE ADDRESS 1711 West South Street   |                 |                    |          |                        |                |   |                 |          |                |        |  |  |
| City Stoughton   | State           | WI                 | Zip      | 535                    | 589            | Country                                       | ry USA          |          |                |        |  |  |
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| Name of Additional Joint Inv   |                 |                    |          | ] A petition           |                | s been filed                                  |                 |          | d inve         | entor  |  |  |
| Given Name (first an   | d middle [if an | y])<br>            |          | <u> </u>               | Fa             | amily Name                                    | or Surna        | ame      |                |        |  |  |
| Michael E.   |                 |                    |          | Yost                   |                |   |                 |          |                |        |  |  |
| Inventor's<br>Signature  |                 |                    |          | *                      | Date           |   |                 |          |                |        |  |  |
| RESIDENCE: City Tiffin   |                 | State              | ОН       | Country                |                | JSA   | Citizen         | ehin     | US             | Δ      |  |  |
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| Name of Additional Joint Inv   | entor, if any:  |                    |          | 1 A petitio            | n ha           | s been filed                                  | for this i      | ınsiane  | d inve         | entor  |  |  |
| Given Name (first an   |                 |                    |          | - A pound              |                | amily Name                                    |                 |          | <u>u 11170</u> | 11101  |  |  |
| Edwin A.   |                 |                    |          | Caste                  | llanos         | s   |                 |          |                |        |  |  |
| Inventor's<br>Signature  |                 |                    |          |                        | D              | )ate  |                 |          |                |        |  |  |
| RESIDENCE: City Findle   | av I            | State              | ОН       | Country                |                | JSA   | Citizen         | ship     | US             | Δ      |  |  |
| POST OFFICE ADDRESS  | 719 Sutton      |                    | <u> </u> | <u>Journaly</u>        |                | <u>. U </u>                                   |                 | <u> </u> | 00             | * •    |  |  |
| City Findlay State OH Zin 45840 Country USA  |                 |                    |          |                        |                |   |                 |          |                |        |  |  |

(Page 3B of 4) (Page 3 of 4)-

| DECLARATION  |                                       |             |                                  |          |                |                 | ADDITIONAL INVENTOR(S) Supplemental Sheet |   |         |             |             |       |  |  |  |
|--|---------------------------------------|-------------|----------------------------------|----------|----------------|-----------------|---|---|---------|-------------|-------------|-------|--|--|--|
|  | (                                     |             |                                  |          |                |                 |   |   |         |             |             |       |  |  |  |
| Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])   |                                       |             |                                  |          |                |                 |   | A petition has been filed for this unsigned inventor Family Name or Surname |         |             |             |       |  |  |  |
| Rebecca  | · · · · · · · · · · · · · · · · · · · |             |                                  |          |                | Beier           | Beier                                     |   |         |             |             |       |  |  |  |
| Inventor's<br>Signature  |                                       |             |                                  | ·•       |                | - <del></del> - |   | Date  |         |             |             |       |  |  |  |
| RESIDENCI  | E: City                               | Madiso      | on                               | State    | w <sub>l</sub> | Count           | у   | USA   |         | Citi        | zenship     | USA   |  |  |  |
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| City Mad   | ison                                  |             |                                  | State    | WI             | Zip             | 53  | 176   | Countr  | y           | USA         | ····· |  |  |  |
| Name of Additional Joint Inventor if any   |                                       |             |                                  |          |                |                 |   |   |         |             |             | intor |  |  |  |
| Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])  A petition has been filed for this unsigned inventor  Family Name or Surname |                                       |             |                                  |          |                |                 |   |   |         |             |             | into  |  |  |  |
| Jessie Alan Knight   |                                       |             |                                  |          |                |                 |   |   |         |             |             |       |  |  |  |
| Inventor's<br>Signature  |                                       |             |                                  |          |                |                 |   | Date  |         |             |             |       |  |  |  |
| RESIDENCI  | E: City                               | Stough      | nton                             | State    | WI             | Country         |   | USA   | Citize  | A           |             |       |  |  |  |
| POST OFFICE ADDRESS 1711 West South Street   |                                       |             |                                  |          |                |                 |   |   |         |             |             |       |  |  |  |
| City Stou  | ghton                                 |             |                                  | State    | WI             | Zip             | 53  | 589   | Country | <u>y</u>    | USA         |       |  |  |  |
|  |                                       | <del></del> |                                  |          |                |                 |   |   |         |             |             |       |  |  |  |
|  |                                       |             | entor, if any:<br>middle (if any |          |                | A petitio       | on na                                     | as been filed<br>amily Name   | or Surn | unsi<br>ame | gned inve   | ntor  |  |  |  |
| Michael E.   |                                       |             | <u> </u>                         |          | <del></del>    | Yost            |   |   |         |             | <del></del> |       |  |  |  |
| Inventor's<br>Signature  | mi                                    | had         | 184                              | ent      |                |                 | 6/24/03<br>Date / 03                      |   |         |             |             |       |  |  |  |
| RESIDENCI  | ≣: City                               | Tiffin      |                                  | State    | ОН             | Country         |   | USA   | Citize  | nship       | o US        | A     |  |  |  |
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|  |                                       |             |                                  |          |                |                 |   |   |         |             |             |       |  |  |  |
|  |                                       |             | entor, if any:                   |          |                | A petitio       |   | as been filed   |         |             |             | ntor  |  |  |  |
| GIV  | en Name (                             | irst and    | middle [if any                   | /J)<br>  |                | <u> </u>        |   | amily Name  | or Surn | ame         |             | ····  |  |  |  |
| Edwin A. Inventor's  |                                       | <del></del> | -                                | r 10.    |                | Caste           | $\neg \top$                               | (/ (  | T       |             |             |       |  |  |  |
| Signature  |                                       |             |                                  |          |                |                 |   |   |         |             |             |       |  |  |  |
| RESIDENCI  | E: City                               | Findla      | y                                | State    | ОН             | Country         |   | USA   | Citize  | nshij       | us us       | Α     |  |  |  |
| POST OFFI  | CE ADDRE                              | ss          | 719 Sutton                       | Place    |                |                 |   |   |         | —-т         |             |       |  |  |  |
| City Find  | lay                                   |             |                                  | Zip      | 45             | 840             | Country USA                               |   |         |             |             |       |  |  |  |

Atty. Docket No. 4191-00318

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|  |   | RATION |        |     | ADDITIONAL INVENTOR(S) Supplemental Sheet |       |                        |  |      |     |           |                |  |  |  |  |
| L  |   |        |        |     |   |       |                        | <del>`</del>   |      |     |           |                |  |  |  |  |
| Name of Additional Joint Inventor, if any: |   |        |        |     |   |       |                        | A petition has been filed for this unsigned inventor |      |     |           |                |  |  |  |  |
| Given Name (first and middle [if any])     |   |        |        |     |   |       | Family Name or Surname |  |      |     |           |                |  |  |  |  |
| Gary L.                                    |   |        |        |     |   |       | Rickle                 |  |      |     |           |                |  |  |  |  |
| Invent<br>Signat                           |   | ây a   | L. Wit | tle |   |       |                        | Date 6/20  | 6/03 |     |           |                |  |  |  |  |
| RESIDENCE: City Wharton                    |   |        |        |     | ОН  | Count |                        | USA  |      |     | izenship  | USA            |  |  |  |  |
| POST                                       | OFFICE ADDR                             |        |        |     |   |       |                        |  |      |     |           |                |  |  |  |  |
| City                                       | Wharton                                 | State  | ОН     | Zip | in 43359 Country USA                      |       |                        |  |      |     |           |                |  |  |  |  |